

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576611

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4	1		1			
5		①		1		
6		1		1		
7		2				
8		2				
9		2		2		
10	1		1			
11		1		1		
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←	11	←	←	←	←
TOTAL CLAIMS		15				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						
TOTAL CLAIMS						